

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**SOUTHERN DISTRICT OF TEXAS**Case number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Sunglo Home Health Services, Inc.
2. All other names debtor used in the last 8 years dba Sunglo Adult Day Care VIII; dba Sunglo Adult Day Care II; dba Brighten Academy  
 Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 7 4 - 2 6 0 4 6 0 0
4. Debtor's address
 

<b>Principal place of business</b>  <u>3201 S. Expressway 83</u> Number Street  <u>Harlingen TX 78550</u> City State ZIP Code  <u>Cameron</u> County	<b>Mailing address, if different from principal place of business</b>  Number Street  P.O. Box  City State ZIP Code  <b>Location of principal assets, if different from principal place of business</b>  Number Street  City State ZIP Code
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5. Debtor's website (URL) www.sunglohhs.com
6. Type of debtor
 

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_



Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☒ No☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?***Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*☒ Funds will be available for distribution to unsecured creditors.☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

- 14. Estimated number of creditors**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |
- 15. Estimated assets**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 16. Estimated liabilities**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - ☒ I have been authorized to file this petition on behalf of the debtor.
  - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/14/2019

MM / DD / YYYY

**X /s/ Linda Salazar**

Signature of authorized representative of debtor

**Linda Salazar**

Printed name

Title **Vice President**

**18. Signature of attorney**

**X /s/ Jana Smith Whitworth**

Signature of attorney for debtor

Date **02/14/2019**

MM / DD / YYYY

**Jana Smith Whitworth**

Printed name

**JS Whitworth Law Firm, PLLC**

Firm name

**112 E. Kiwi Street**

Number Street

**McAllen**

City

**TX**

State

**78504**

ZIP Code

**(956) 371-1933**

Contact phone

**jana@jswhitworthlaw.com**

Email address

**00797453**

Bar number

**TX**

State

**Fill in this information to identify the case**Debtor name Sunglo Home Health Services, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	IBC BizRite Checking account	Checking account	7 0 5 3	\$40,817.95
3.2.	Lone Star National Bank Business Checking Account XXX2303	Checking account	2 3 0 3	\$24,310.17
3.3.	Lone Star National Bank Business Checking Account XXXX2159	Checking account	2 1 5 9	\$6,665.75
3.4.	IBC Commercial Savings Account XXX3357	Savings account	3 3 5 7	\$32,500.00

**4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$104,293.87**

Debtor **Sunglo Home Health Services, Inc.**  
Name

Case number (if known) \_\_\_\_\_

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$0.00****Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>\$91,858.95</u>	—	<u>\$0.00</u>	=	..... →	<u>\$91,858.95</u>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u>\$22,833.66</u>	—	<u>\$0.00</u>	=	..... →	<u>\$22,833.66</u>
	face amount		doubtful or uncollectible accounts			

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$114,692.61****Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes. Fill in the information below.

Valuation method  
used for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**\$0.00**

Debtor Sunglo Home Health Services, Inc. Case number (if known) \_\_\_\_\_  
 Name

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
23. Total of Part 5				\$0.00

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?  
☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?  
☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?  
☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6			\$0.00

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative?  
☒ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?  
☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

Debtor **Sunglo Home Health Services, Inc.**  
Name

Case number (if known) \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No  
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
Office Furniture for Headquarters (Harlingen Office)	\$5,000.00	Estimated Value	\$5,000.00
Office Furniture for San Benito Location:	\$2,000.00	Estimated Value	\$2,000.00
Office Furniture for Rio Grande City Office:	\$1,000.00	Estimated Value	\$1,000.00
<b>40. Office fixtures</b>			
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
Office Equipment for Headquarters (Harlingen Office):	\$5,000.00	Estimated Value	\$5,000.00
Office Equipment for San Benito Office:	\$500.00	Estimated Value	\$500.00
Office Equipment for Rio Grande City Office:	\$1,500.00	Estimated Value	\$1,500.00
<b>42. Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

**\$15,000.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.



Debtor **Sunglo Home Health Services, Inc.**  
Name

Case number (if known)

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. <b>2016 Toyota Corolla VIN#77831</b>	<b>\$13,100.00</b>	<b>NADA</b>	<b>\$13,100.00</b>
47.2. <b>2016 Toyota Corolla VIN#83376</b>	<b>\$13,100.00</b>	<b>NADA</b>	<b>\$13,100.00</b>
47.3. <b>2016 Toyota Corolla VINC#67777</b>	<b>\$13,100.00</b>	<b>NADA</b>	<b>\$13,100.00</b>
47.4. <b>2016 Toyota Corolla VIN#68549</b>	<b>\$13,100.00</b>	<b>NADA</b>	<b>\$13,100.00</b>
47.5. <b>2016 Toyota Corolla VIN#471841</b>	<b>\$13,100.00</b>	<b>NADA</b>	<b>\$13,100.00</b>
47.6. <b>2015 Toyota Corolla VIN#1840</b>	<b>\$11,250.00</b>	<b>NADA</b>	<b>\$11,250.00</b>
47.7. <b>2015 Toyota Corolla VIN#3366</b>	<b>\$11,250.00</b>	<b>NADA</b>	<b>\$11,250.00</b>
47.8. <b>2015 Toyota Corolla VIN#11840</b>	<b>\$11,250.00</b>	<b>NADA</b>	<b>\$11,250.00</b>
47.9. <b>2015 Ford Transit Van VIN#26238</b>	<b>\$16,500.00</b>	<b>NADA</b>	<b>\$16,500.00</b>
47.10. <b>2015 Chevrolet Express Van VIN#225892</b>	<b>\$15,400.00</b>	<b>NADA</b>	<b>\$15,400.00</b>
47.11. <b>2014 Chevrolet Express Van VIN#94079</b>	<b>\$14,750.00</b>	<b>NADA</b>	<b>\$14,750.00</b>
47.12. <b>2013 Hyundai Elantra VIN#373261</b>	<b>\$8,000.00</b>	<b>NADA</b>	<b>\$8,000.00</b>
47.13. <b>2014 Hyundai Elantra VIN#372756</b>	<b>\$8,600.00</b>	<b>NADA</b>	<b>\$8,600.00</b>
47.14. <b>2014 Hyundai Elantra VIN#372772</b>	<b>\$8,600.00</b>	<b>NADA</b>	<b>\$8,600.00</b>
47.15. <b>2014 Hyundai Elantra VIN#221673</b>	<b>\$8,600.00</b>	<b>NADA</b>	<b>\$8,600.00</b>
47.16. <b>2006 Honda Civic VIN#12262</b>	<b>\$3,116.00</b>	<b>NADA</b>	<b>\$3,116.00</b>
47.17. <b>2006 Honda Ridgeline VIN#39547</b>	<b>\$5,546.00</b>	<b>NADA</b>	<b>\$5,546.00</b>
47.18. <b>2006 Dodge Ram VIN#54290</b>	<b>\$18,218.00</b>	<b>NADA</b>	<b>\$18,218.00</b>
47.19. <b>2007 Ford Focus VIN#47059</b>	<b>\$2,983.00</b>	<b>NADA</b>	<b>\$2,983.00</b>
47.20. <b>2007 Chevrolet Cobalt VIN#86388</b>	<b>\$2,900.00</b>	<b>NADA</b>	<b>\$2,900.00</b>
47.21. <b>2007 Chevrolet Cobalt VIN#76751</b>	<b>\$2,900.00</b>	<b>NADA</b>	<b>\$2,900.00</b>
47.22. <b>2013 Chevrolet Express Van VIN#26485</b>	<b>\$14,250.00</b>	<b>NADA</b>	<b>\$14,250.00</b>
47.23. <b>2016 Toyota Corolla VINxxx0359</b>			<b>\$13,100.00</b>

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats  
trailers, motors, floating homes, personal watercraft, and fishing vessels

**49. Aircraft and accessories**

**50. Other machinery, fixtures, and equipment (excluding farm  
machinery and equipment)**

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$242,713.00**

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No  
☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No  
☐ Yes

Debtor **Sunglo Home Health Services, Inc.** Case number (if known) \_\_\_\_\_  
 Name

### Part 9: Real property

**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

### Part 10: Intangibles and Intellectual Property

**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, and trade secrets</b>			
<b>61. Internet domain names and websites</b>			
<b>62. Licenses, franchises, and royalties</b>			
Sunglo Home Health Services, Inc.'s Home and Community Support Services Agency License (Harlingen, Texas): License Number 002231			Unknown
Sunglo Home Health Services, Inc.'s Home and Community Support Services Agency License (Rio Grande City, Texas): License Number 002643			Unknown
Sunglo Home Health Services d/b/a Sunglo Adult Day Care II's DAHS Facility License (San Benito) issued by Texas Health and Human Services Commission: License Number 149771			Unknown
<b>63. Customer lists, mailing lists, or other compilations</b>			

Debtor **Sunglo Home Health Services, Inc.**  
Name

Case number (if known) \_\_\_\_\_

**64. Other intangibles, or intellectual property****65. Goodwill****66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00****67. Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

**Current value of  
debtor's interest****71. Notes receivable**

Description (include name of obligor)

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**73. Interests in insurance policies or annuities****74. Causes of action against third parties (whether or not a lawsuit has been filed)****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims****76. Trusts, equitable or future interests in property****77. Other property of any kind not already listed** *Examples: Season tickets, country club membership***78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00****79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

Debtor **Sunglo Home Health Services, Inc.**  
Name

Case number (if known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$104,293.87</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$114,692.61</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$15,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$242,713.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$476,699.48</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....	<u>\$476,699.48</u>	

**Fill in this information to identify the case:**

Debtor name Sunglo Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

2.1	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<b>Ally Bank</b>		<b>\$15,016.42</b>	<b>\$14,750.00</b>
	Creditor's mailing address <b>c/o Ally Servicing LLC</b>	<b>2014 Chevrolet Express Van VIN# 94079</b>		
	<b>P.O. Box 130424</b>	Describe the lien <b>Promissory Note / Agreement</b>		
	<b>Roseville MN 55113-0004</b>	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred <b>09/2015</b>	Is anyone else liable on this claim?		
	Last 4 digits of account number <b>7 6 1 3</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.****\$863,235.53**

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**
**Column A**  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

**Column B**  
**Value of collateral**  
**that supports**  
**this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.2</b>	<b>Creditor's name</b> <b>Ally Bank</b> <hr/> <b>Creditor's mailing address</b> <b>c/o Ally Servicing LLC</b> <b>P.O. Box 130424</b> <hr/> <b>Roseville MN 55113-0004</b> <hr/> <b>Creditor's email address, if known</b> <hr/> <hr/> <b>Date debt was incurred</b> <b>03/2018</b> <hr/> <b>Last 4 digits of account number</b> <b>9 9 9 8</b> <hr/> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>2013 Hyundai Elantra VIN#373261</b> <hr/> <b>Describe the lien</b> <b>Promissory Note / Agreement</b> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,041.04</b>	<b>\$8,000.00</b>
<b>2.3</b>	<b>Creditor's name</b> <b>Ally Bank</b> <hr/> <b>Creditor's mailing address</b> <b>c/o Ally Servicing LLC</b> <b>P.O. Box 130424</b> <hr/> <b>Roseville MN 55113-0004</b> <hr/> <b>Creditor's email address, if known</b> <hr/> <hr/> <b>Date debt was incurred</b> <b>03/2017</b> <hr/> <b>Last 4 digits of account number</b> <b>8 8 4 9</b> <hr/> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>2014 Hyundai Elantra VIN#372756</b> <hr/> <b>Describe the lien</b> <b>Promissory Note / Agreement</b> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,041.04</b>	<b>\$8,600.00</b>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A**  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

**Column B**  
**Value of collateral**  
**that supports**  
**this claim**

<b>2.4</b>	<b>Creditor's name</b> <b>Ally Bank</b> <hr/> <b>Creditor's mailing address</b> <b>c/o Ally Servicing LLC</b> <b>P.O. Box 130424</b> <hr/> <b>Roseville MN 55113-0004</b> <hr/> <b>Creditor's email address, if known</b> <hr/> <b>Date debt was incurred</b> <b>02/2017</b> <hr/> <b>Last 4 digits of account number</b> <b>8 0 5 8</b> <hr/> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>2014 Hyundai Elantra VIN#372772</b> <hr/> <b>Describe the lien</b> <b>Promissory Note / Agreement</b> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,030.91</b>	<b>\$8,600.00</b>
<b>2.5</b>	<b>Creditor's name</b> <b>Ally Bank</b> <hr/> <b>Creditor's mailing address</b> <b>c/o Ally Servicing LLC</b> <b>P.O. Box 130424</b> <hr/> <b>Roseville MN 55113-0004</b> <hr/> <b>Creditor's email address, if known</b> <hr/> <b>Date debt was incurred</b> <b>02/2017</b> <hr/> <b>Last 4 digits of account number</b> <b>6 8 1 2</b> <hr/> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>2014 Hyundai Elantra VIN#221673</b> <hr/> <b>Describe the lien</b> <b>Promissory Note / Agreement</b> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,393.21</b>	<b>\$8,600.00</b>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.6**

**Creditor's name**  
**BBVA Compass Bank**

**Creditor's mailing address**  
**P.O. Box 10566**

**Birmingham AL 35296**

**Creditor's email address, if known**

**Date debt was incurred 02/2016**

**Last 4 digits of account number 3 9 1 5**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

**2015 Ford Transit Van VIN#26238**

**Describe the lien**

**Promissory Note / Agreement**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**\$12,818.92****\$16,500.00****2.7**

**Creditor's name**  
**Ford Motor Credit Company, LLC**

**Creditor's mailing address**  
**P.O. Box 62180**

**Colorado Springs CO 80962**

**Creditor's email address, if known**

**Date debt was incurred 04/2015**

**Last 4 digits of account number 4 9 5 9**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

**2015 Chevrolet Express Van VIN# 225892**

**Describe the lien**

**Promissory Note / Agreement**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**\$13,962.71****\$15,400.00**



Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.8</b>	<b>Creditor's name</b> <b>Harlingen Tax Office</b>	<b>Describe debtor's property that is subject to a lien</b> <b>Personal Property</b> <b>Describe the lien</b> <b>Ad Valorem Taxes / Statutory Lien</b>	<b>\$11,816.49</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> <b>P.O. Box 2643</b>			
	<b>Harlingen TX 78551</b>			
	<b>Creditor's email address, if known</b>			
	<b>Date debt was incurred</b> <b>01/2019</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

<b>2.9</b>	<b>Creditor's name</b> <b>Internal Revenue Service</b>	<b>Describe debtor's property that is subject to a lien</b> <b>941 Taxes</b>	<b>\$687,000.00</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> <b>300 E. 8th Street - M/S 5026 AUS</b>			
	<b>Austin TX 78701</b>			
	<b>Creditor's email address, if known</b>			
	<b>Date debt was incurred</b> <b>2016</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A**  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

**Column B**  
**Value of collateral**  
**that supports**  
**this claim**

<b>2.10</b>	<b>Creditor's name</b> <b>Tony Yzaguirre, Jr.</b> <hr/> <b>Creditor's mailing address</b> <b>Cameron County Tax Assessor-Collector</b> <b>835 E. Levee Street</b> <hr/> <b>Brownsville TX 78520</b> <hr/> <b>Creditor's email address, if known</b> <hr/> <hr/> <b>Date debt was incurred</b> <b>01/31/2019</b> <hr/> <b>Last 4 digits of account number</b> _____ <hr/> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>Personal Property</b> <hr/> <b>Describe the lien</b> <b>Ad Valorem Taxes / Statutory Lien</b> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,630.99</b>	<b>\$0.00</b>
<b>2.11</b>	<b>Creditor's name</b> <b>Toyota Motor Credit Corporation</b> <hr/> <b>Creditor's mailing address</b> <b>c/o Toyota Financial Services</b> <b>P.O. Box 5855</b> <hr/> <b>Carol Stream IL 60197</b> <hr/> <b>Creditor's email address, if known</b> <hr/> <hr/> <b>Date debt was incurred</b> <b>01/2016</b> <hr/> <b>Last 4 digits of account number</b> <b>6 1 0 7</b> <hr/> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>2016 Toyota Corolla VIN#77831</b> <hr/> <b>Describe the lien</b> <b>Promissory Note / Agreement</b> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,272.03</b>	<b>\$13,100.00</b>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.12	<b>Creditor's name</b> <b>Toyota Motor Credit Corporation</b>	<b>Describe debtor's property that is subject to a lien</b> <b>2016 Toyota Corolla VIN#83376</b>	<b>\$10,641.57</b>	<b>\$13,100.00</b>
	<b>Creditor's mailing address</b> <b>c/o Toyota Financial Services</b> <b>P.O. Box 5855</b>	<b>Describe the lien</b> <b>Promissory Note / Agreement</b>		
	<b>Carol Stream IL 60197</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b> <b>02/2016</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> <b>7 1 7 0</b>			
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2.13	<b>Creditor's name</b> <b>Toyota Motor Credit Corporation</b>	<b>Describe debtor's property that is subject to a lien</b> <b>2016 Toyota Corolla VINC#67777</b>	<b>\$10,641.70</b>	<b>\$13,100.00</b>
	<b>Creditor's mailing address</b> <b>c/o Toyota Financial Services</b> <b>P.O. Box 5855</b>	<b>Describe the lien</b> <b>Promissory Note / Agreement</b>		
	<b>Carol Stream IL 60197</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b> <b>02/2016</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> <b>7 1 4 3</b>			
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.14</b>	<b>Creditor's name</b> <u>Toyota Motor Credit Corporation</u>  <b>Creditor's mailing address</b> <u>c/o Toyota Financial Services</u> <u>P.O. Box 5855</u>  <u>Carol Stream IL 60197</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>02/2016</u>  <b>Last 4 digits of account number</b> <u>7 1 4 1</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>2016 Toyota Corolla VIN#68549</u>  <b>Describe the lien</b> <u>Promissory Note / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$10,641.57</u>	<u>\$13,100.00</u>
<b>2.15</b>	<b>Creditor's name</b> <u>Toyota Motor Credit Corporation</u>  <b>Creditor's mailing address</b> <u>c/o Toyota Financial Services</u> <u>P.O. Box 5855</u>  <u>Carol Stream IL 60197</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>04/2016</u>  <b>Last 4 digits of account number</b> <u>3 7 1 5</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>2016 Toyota Corolla VIN#471841</u>  <b>Describe the lien</b> <u>Promissory Note / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$12,715.10</u>	<u>\$13,100.00</u>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**
**Column A**  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

**Column B**  
**Value of collateral**  
**that supports**  
**this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.16</b>	<b>Creditor's name</b> <b>Toyota Motor Credit Corporation</b>  <b>Creditor's mailing address</b> <b>c/o Toyota Financial Services</b> <b>P.O. Box 5855</b>  <b>Carol Stream IL 60197</b> <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b> <u>04/2016</u> <b>Last 4 digits of account number</b> <u>4 2 9 5</u> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>2016 Toyota Corolla VINxxx0359</b> <b>Describe the lien</b> <b>Promissory Note / Agreement</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$12,478.76</b>	<b>\$13,100.00</b>
<b>2.17</b>	<b>Creditor's name</b> <b>Toyota Motor Credit Corporation</b>  <b>Creditor's mailing address</b> <b>c/o Toyota Financial Services</b> <b>P.O. Box 5855</b>  <b>Carol Stream IL 60197</b> <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b> <u>05/2015</u> <b>Last 4 digits of account number</b> <u>2 1 4 4</u> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>2015 Toyota Corolla VIN#1840</b> <b>Describe the lien</b> <b>Promissory Note / Agreement</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,145.37</b>	<b>\$11,250.00</b>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.18</b>	<b>Creditor's name</b> <b>Toyota Motor Credit Corporation</b>  <b>Creditor's mailing address</b> <b>c/o Toyota Financial Services</b> <b>P.O. Box 5855</b>  <b>Carol Stream IL 60197</b>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>05/2015</u> <b>Last 4 digits of account number</b> <u>0 5 9 6</u> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>2015 Toyota Corolla VIN#3366</b>  <b>Describe the lien</b> <b>Promissory Note / Agreement</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,607.46</b>	<b>\$11,250.00</b>
<b>2.19</b>	<b>Creditor's name</b> <b>Toyota Motor Credit Corporation</b>  <b>Creditor's mailing address</b> <b>c/o Toyota Financial Services</b> <b>P.O. Box 5855</b>  <b>Carol Stream IL 60197</b>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>08/2015</u> <b>Last 4 digits of account number</b> <u>6 1 4 0</u> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <b>2015 Toyota Corolla VIN#11840</b>  <b>Describe the lien</b> <b>Promissory Note / Agreement</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,340.24</b>	<b>\$11,250.00</b>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Internal Revenue Service	Line <u>2.9</u>	_____
Centralized Insolvency Operation		
P.O. Box 7346		
Philadelphia PA 19101-7346		
Linebarger Goggan Blair & Sampson, LLP	Line <u>2.10</u>	_____
Attn: Diane W. Sanders		
P.O. Box 17428		
Austin TX 78760		
Linebarger Goggan Blair & Sampson, LLP	Line <u>2.10</u>	_____
Attn: Diane W. Sanders		
P.O. Box 17428		
Austin TX 78760		
Linebarger Goggan Blair & Sampson, LLP	Line <u>2.8</u>	_____
Attn: Diane W. Sanders		
P.O. Box 17428		
Austin TX 78760		

**Fill in this information to identify the case:**

Debtor Sunglo Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim                      Priority amount

**2.1** Priority creditor's name and mailing address

Internal Revenue Service

300 E. 8th Street - M/S 5026 AUS

Austin TX 78701

Date or dates debt was incurred

2016

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)( 8 )As of the petition filing date, the  
claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

IRS Healthcare Insurance Tax/Penalty

Is the claim subject to offset?

- ☒ No
- ☐ Yes

\$215,300.00                      \$215,300.00



Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> <b>Nonpriority creditor's name and mailing address</b> <b>Ability Network, Inc.</b> <b>P.O. Box 856015</b>  <b>Minneapolis MN 55485-6015</b> <b>Date or dates debt was incurred 12/2018-01/2019</b> <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Services Rendered</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,579.09</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> <b>Nonpriority creditor's name and mailing address</b> <b>AllScripts</b> <b>24630 Network Place</b>  <b>Chicago IL 60673</b> <b>Date or dates debt was incurred 07/2018 - 01/2019</b> <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Goods Sold</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,878.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> <b>Nonpriority creditor's name and mailing address</b> <b>Amerifactors</b> <b>P.O. Box 628328</b>  <b>Orlando FL 32862</b> <b>Date or dates debt was incurred 08/2018</b> <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Services Rendered</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,490.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> <b>Nonpriority creditor's name and mailing address</b> <b>Beta Therapy Management Inc.</b> <b>1287 Janet Lane</b>  <b>Brownsville TX 78526</b> <b>Date or dates debt was incurred 12/2017</b> <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Services Rendered</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,200.00</b>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.5</div>	<b>Nonpriority creditor's name and mailing address</b>  <b>Brandi Whitemeyerr, RN</b> <b>421 Hower Street NE</b>  <b>North Canton OH 44720</b>  Date or dates debt was incurred <b>01/2019</b> Last 4 digits of account number <b>— — — —</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Services Rendered</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,095.00</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.6</div>	<b>Nonpriority creditor's name and mailing address</b>  <b>Brewer Office Systems</b> <b>405 West Van Buren</b>  <b>Harlingen TX 78550</b>  Date or dates debt was incurred <b>12/2018</b> Last 4 digits of account number <b>— — — —</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Rental Payments for Copiers</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140.73</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.7</div>	<b>Nonpriority creditor's name and mailing address</b>  <b>Capital One, F.S.B.</b> <b>P.O. Box 60599</b>  <b>City of Industry CA 91716</b>  Date or dates debt was incurred <b>02/2018 - 1/2019</b> Last 4 digits of account number <b>— — — —</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Services Rendered</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,379.61</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.8</div>	<b>Nonpriority creditor's name and mailing address</b>  <b>EFB Partners, LLC</b> <b>8200 N.W. 52nd Terrace, Suite 200</b> <b>Doral, GL 33166</b>  Date or dates debt was incurred <b>— — — —</b> Last 4 digits of account number <b>— — — —</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Operating Loan</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.9</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Frost Bank</b> <b>P.O. Box 34746</b>  <b>San Antonio TX 78265</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Promissory Note</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$106,879.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.10</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Knight Capital Funding III LLC - SPV</b> <b>9 East Loockerman Ste 3A-543</b>  <b>Dover DE 19901</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Operating Loan</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.11</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>L.R. Pelly, M.D.</b> <b>34 Robins Lane</b>  <b>Brownsville TX 78521</b>  Date or dates debt was incurred <b>01/2018 - 01/2018</b> Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Services Rendered</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,079.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.12</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Liberty DME</b> <b>1708 Mozelle Street</b>  <b>Pharr TX 78577</b>  Date or dates debt was incurred <b>08/2018 - 01/2019</b> Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Services Rendered</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$369.56</b>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.13** Nonpriority creditor's name and mailing address**Lone Star National Bank****Attn: Loan Servicing****McAllen TX 78504**

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Promissory Note****\$0.00**

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.14** Nonpriority creditor's name and mailing address**Mario L. Vasquez Aguilar, PLLC****2768 Pharmacy Road****Rio Grande City TX 78582**Date or dates debt was incurred **07/2017 - 08/2017**

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Services Rendered****\$3,000.00**

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.15** Nonpriority creditor's name and mailing address**McKesson Information Solutions****P.O. Box 98347****Chicago IL 60693**Date or dates debt was incurred **12/2016 - 03/2018**

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Services Rendered****\$110,947.07**

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.16** Nonpriority creditor's name and mailing address**Medline Ind****P.O. Box 121080****Dallas TX 75312**Date or dates debt was incurred **01/2018 - 01/2019**

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Services Rendered****\$4,650.43**

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address <u>Noe Reyes</u> <u>1108 N. 35th Street</u>  <u>Hidalgo</u> <u>TX</u> <u>78557</u> Date or dates debt was incurred <u>06/2017 - 08/2017</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$675.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address <u>Purchase Power</u> <u>P.O. Box 371874</u>  <u>Pittsburgh</u> <u>PA</u> <u>15250</u> Date or dates debt was incurred <u>03/2018 - 01/2019</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,618.77</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address <u>Shred-It San Antonio</u> <u>28883 Network Place</u>  <u>Chicago</u> <u>IL</u> <u>60673</u> Date or dates debt was incurred <u>01/2019</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$451.43</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address <u>Strategic Healthcare Programs</u> <u>P.O. Box 101019</u>  <u>Atlanta</u> <u>GA</u> <u>30392</u> Date or dates debt was incurred <u>02/2018 - 01/2019</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,130.86</u>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address  <b>Terminix - Weslaco</b> <b>802 Westway Drive</b>  <b>Harlingen TX 78552</b> Date or dates debt was incurred <b>01/2019</b> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Rendered</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$163.46</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address  <b>Texas Workforce Commission</b> <b>101 E. 15th Street, Room 556</b>  <b>Austin TX 78778</b> Date or dates debt was incurred <b>01/2019</b> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Taxes</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,263.74</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address  <b>The Lamar Companies</b> <b>2001 Industrial Way</b>  <b>San Benito TX 78586</b> Date or dates debt was incurred <b>12/2018 - 01/2019</b> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Rendered</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,698.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address  <b>Therapy at Home, PLLC</b> <b>2418 Buddy Owens Boulevard</b>  <b>McAllen TX 78504</b> Date or dates debt was incurred <b>04/2017 - 06/2017</b> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Rendered</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,354.00</b>

Debtor **Sunglo Home Health Services, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.25** Nonpriority creditor's name and mailing addressTime Warner CableP.O. 60074City of Industry CA 91716Date or dates debt was incurred 01/2019Last 4 digits of account number                    

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Services Rendered

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$2,454.95**3.26** Nonpriority creditor's name and mailing addressValley Healing Hands, LLC3475 W. Alton Gloor, Suite DBrownsville TX 78520Date or dates debt was incurred 06/2017 - 02/2019Last 4 digits of account number                    

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

Services Rendered

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$67,622.50**3.27** Nonpriority creditor's name and mailing addressVeronica's Physical Therapy Services, PL5346 E. Hwy 83 - Unit 2, Building AaRio Grande City TX 78582Date or dates debt was incurred 01/2016 - 01/2019Last 4 digits of account number                    

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Services Rendered

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$89,155.00

Debtor Sunglo Home Health Services, Inc. Case number (if known) \_\_\_\_\_**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Internal Revenue Service</u> <u>Centralized Insolvency Operation</u> <u>P.O. Box 7346</u>  <u>Philadelphia PA 19101-7346</u>	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.2	<u>Office of Attorney General-BK &amp; Collect</u> <u>P.O. Box 12548, MC-008</u>   <u>Austin TX 78711</u>	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____



Debtor Sunglo Home Health Services, Inc. Case number (if known) \_\_\_\_\_**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1	5a.	<u>\$215,300.00</u>
5b. Total claims from Part 2	5b. +	<u>\$462,275.40</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<div style="border: 2px solid black; padding: 2px;"><u>\$677,575.40</u></div>

**Fill in this information to identify the case:**Debtor Name Sunglo Home Health Services, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$0.00**1b. Total personal property:**Copy line 91A from Schedule A/B..... \$476,699.48**1c. Total of all property**Copy line 92 from Schedule A/B..... \$476,699.48**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$863,235.53**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$215,300.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... + \$462,275.40**4. Total liabilities**Lines 2 + 3a + 3b..... \$1,540,810.93

**Fill in this information to identify the case and this filing:**

Debtor Name Sunglo Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/14/2019  
MM / DD / YYYY

**X /s/ Linda Salazar**  
Signature of individual signing on behalf of debtor

**Linda Salazar**  
Printed name

**Vice President**  
Position or relationship to debtor

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
BROWNSVILLE DIVISION**

In re **Sunglo Home Health Services, Inc.**

Case No. \_\_\_\_\_

Chapter **11** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....Hourly: Estimated Total	<u><b>\$45,000.00</b></u>
Prior to the filing of this statement I have received.....	<u><b>\$20,000.00</b></u>
Balance Due.....Hourly: Approximately	<u><b>\$25,000.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**02/14/2019**

*Date*

**/s/ Jana Smith Whitworth**

*Jana Smith Whitworth*  
JS Whitworth Law Firm, PLLC  
112 E. Kiwi Street  
McAllen, Texas 78504  
Phone: (956) 371-1933 / Fax: (956) 265-1753

Bar No. 00797453

**/s/ Linda Salazar**

**Linda Salazar**  
**Vice President**

**Fill in this information to identify the case:**Debtor name Sunglo Home Health Services, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 Internal Revenue Service 300 E. 8th Street - M/S 5026 AUS Austin, TX 78701		941 Taxes		\$687,000.00	\$0.00	\$687,000.00
2 Internal Revenue Service 300 E. 8th Street - M/S 5026 AUS Austin, TX 78701		IRS Healthcare Insurance Tax/Penalty				\$215,300.00
3 McKesson Information Solutions P.O. Box 98347 Chicago, IL 60693		Services Rendered				\$110,947.07
4 Frost Bank P.O. Box 34746 San Antonio, Texas 78265		Promissory Note				\$106,879.00
5 Veronica's Physical Therapy Services, PL 5346 E. Hwy 83 - Unit 2, Building Aa Rio Grande City, TX 78582		Services Rendered				\$89,155.00

Debtor **Sunglo Home Health Services, Inc.**  
Name

Case number (if known) \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	Valley Healing Hands, LLC 3475 W. Alton Gloor, Suite D Brownsville, Texas 78520		Services Rendered	Unliquidated Disputed			\$67,622.50
7	L.R. Pelly, M.D. 34 Robins Lane Brownsville, Texas 78521		Services Rendered				\$27,079.00
8	Harlingen Tax Office P.O. Box 2643 Harlingen, Texas 78551		Ad Valorem Taxes		\$11,816.49	\$0.00	\$11,816.49
9	Amerifactors P.O. Box 628328 Orlando, FL 32862		Services Rendered				\$10,490.00
10	Beta Therapy Management Inc. 1287 Janet Lane Brownsville, Texas 78526		Services Rendered				\$10,200.00
11	Therapy at Home, PLLC 2418 Buddy Owens Boulevard McAllen, Texas 78504		Services Rendered				\$5,354.00
12	Texas Workforce Commission 101 E. 15th Street, Room 556 Austin, Texas 78778		Taxes				\$5,263.74
13	The Lamar Companies 2001 Industrial Way San Benito, Texas 78586		Services Rendered				\$4,698.00

Debtor **Sunglo Home Health Services, Inc.**  
Name

Case number (if known) \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	Medline Ind P.O. Box 121080 Dallas, Texas 75312		Services Rendered				\$4,650.43
15	Mario L. Vasquez Aguilar, PLLC 2768 Pharmacy Road Rio Grande City, Texas 78582		Services Rendered				\$3,000.00
16	AllScripts 24630 Network Place Chicago, IL 60673		Goods Sold				\$2,878.20
17	Tony Yzaguirre, Jr. Cameron County Tax Assessor-Collector 835 E. Levee Street Brownsville, Texas 78520		Ad Valorem Taxes		\$2,630.99	\$0.00	\$2,630.99
18	Ability Network, Inc. P.O. Box 856015 Mineapolis, MN 55485- 6015		Services Rendered				\$2,579.09
19	Time Warner Cable P.O. 60074 City of Industry, CA 91716		Services Rendered				\$2,454.95
20	Capital One, F.S.B. P.O. Box 60599 City of Industry, CA 91716		Services Rendered				\$2,379.61



**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
BROWNSVILLE DIVISION**

IN RE:  
**Sunglo Home Health Services, Inc.**

CHAPTER 11

DEBTOR(S)

CASE NO

**LIST OF EQUITY SECURITY HOLDERS**

<b>Registered Name of Holder of Security Last Known Address or Place of Business</b>	<b>Class of Security</b>	<b>Number Registered</b>	<b>Kind of Interest Registered</b>
Linda Salazar 2502 Emerald Lake Drive Harlingen, Texas 78550	Shareholder	50%	Owner
Ruben G. Salazar 2502 Emerald Lake Drive Harlingen, Texas 78550	Shareholder	50%	Owner

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Vice President of the Corporation  
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 2/14/2019

Signature: /s/ Linda Salazar  
Linda Salazar  
Vice President

Ability Network, Inc.  
P.O. Box 856015  
Mineapolis, MN 55485-6015

Capital One, F.S.B.  
P.O. Box 60599  
City of Industry, CA 91716

Linda Salazar  
2502 Emerald Lake Drive  
Harlingen, Texas 78550

AllScripts  
24630 Network Place  
Chicago, IL 60673

EFB Partners, LLC  
8200 N.W. 52nd Terrace, Suite  
200  
Doral, GL 33166

Linebarger Goggan Blair &  
Sampson, LLP  
Attn: Diane W. Sanders  
P.O. Box 17428  
Austin, TExas 78760

Ally Bank  
c/o Ally Servicing LLC  
P.O. Box 130424  
Roseville, MN 55113-0004

Ford Motor Credit Company, LLC  
P.O. Box 62180  
Colorado Springs, CO 80962

Lone Star National Bank  
Attn: Loan Servicing  
McAllen, TX 78504

Amerifactors  
P.O. Box 628328  
Orlando, FL 32862

Frost Bank  
P.O. Box 34746  
San Antonio, Texas 78265

Mario L. Vasquez Aguilar, PLLC  
2768 Pharmacy Road  
Rio Grande City, Texas 78582

BBVA Compass Bank  
P.O. Box10566  
Birmingham, AL 35296

Harlingen Tax Office  
P.O. Box 2643  
Harlingen, Texas 78551

McKesson Information Solutions  
P.O. Box 98347  
Chicago, IL 60693

BBVA Compass Bank  
aat: Kyle M. Taylor, VP ARMS  
Division  
6333 Douglas Avenue, 2nd Floor  
Dallas, Texas 75225

Internal Revenue Service  
300 E. 8th Street - M/S 5026  
AUS  
Austin, TX 78701

Medline Ind  
P.O. Box 121080  
Dallas, Texas 75312

Beta Therapy Management Inc.  
1287 Janet Lane  
Brownsville, Texas 78526

Internal Revenue Service  
Centralized Insolvency  
Operation  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Noe Reyes  
1108 N. 35th Street  
Hidalgo, Texas 78557

Bill D. Pope & Maria Del  
Rosario Pope  
P.O. Box 116  
Rio Grande City, Texas 78582

Knight Capital Funding III LLC  
- SPV  
9 East Loockerman Ste 3A-543  
Dover, DE 19901

Office of Attorney General-BK  
& Collect  
P.O. Box 12548, MC-008  
Austin, Texas 78711

Brandi Whitemeyerr, RN  
421 Hower Street NE  
North Canton, OH 44720

L.R. Pelly, M.D.  
34 Robins Lane  
Brownsville, Texas 78521

Providenia Holdings, LLC  
920 W. Van Buren Avenue  
Harlingen, TX 78550

Brewer Office Systems  
405 West Van BÜren  
Harlingen, Texas 78550

Liberty DME  
1708 Mozelle Street  
Pharr, Texas 78577

Purchase Power  
P.O. Box 371874  
Pittsburgh, PA 15250

Ruben G. Salazar  
2502 Emerald Lake Drive  
Harlingen, Texas 78550

Valley Healing Hands, LLC  
3475 W. Alton Gloor, Suite D  
Brownsville, Texas 78520

Shred-It San Antonio  
28883 Network Place  
Chicago, IL 60673

Veronica's Physical Therapy  
Services, PL  
5346 E. Hwy 83 - Unit 2,  
Building Aa  
Rio Grande City, TX 78582

Strategic Healthcare Programs  
P.O. Box 101019  
Atlanta, GA 30392

Terminix - Weslaco  
802 Westway Drive  
Harlingen, Texas 78552

Texas Workforce Commission  
101 E. 15th Street, Room 556  
Austin, Texas 78778

The Lamar Companies  
2001 Industrial Way  
San Benito, Texas 78586

Therapy at Home, PLLC  
2418 Buddy Owens Boulevard  
McAllen, Texas 78504

Time Warner Cable  
P.O. 60074  
City of Industry, CA 91716

Tony Yzaguirre, Jr.  
Cameron County Tax Assessor-  
Collector  
835 E. Levee Street  
Brownsville, Texas 78520

Toyota Motor Credit  
Corporation  
c/o Toyota Financial Services  
P.O. Box 5855  
Carol Stream, IL 60197